

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09/889653

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/		/			
2	/		/			
3	2		1			
4	2		1			
5	1					
6	1					
7	1					
8	1					
9	1					
10	/		/			
11	1		1			
12	2		1			
13	2		1			
14	1		1			
15	1		1			
16	1		1			
17	1		1			
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47						
48						
49						
50						
TOTAL IND.	2		2			
TOTAL DEP.	23		18			
TOTAL CLAIMS	24		20			

* MAY BE USED FOR ADDITIONAL CLAIMS OR AMENDMENTS